

Division of Health Care Finance and Policy
Claims Update – June 22, 2009

Topic: Provision of an HSN Billing Guideline Update for 837I, 837P and 837D claims. HSN as Destination Payer Billing Requirement and the use of HSN Types (aka Loop 2000B SBR04). **Providers should note that these updates will be moved from Test into Production as of Tuesday, July 7, 2009.**

Update: Providers are required to have one of the six HSN Types present in Loop 2000B SBR04 to identify which category of HSN the claim is to be mapped to for eligibility verification. The six HSN Types are **Prime, Second, Partial, BD, CA, and MH**; where BD is for Bad Debt claims, CA for Confidential Applications and MH for Medical Hardship claims. If a claim is submitted without one of these types in Loop 2000B SBR04 (this is the Destination Payer Subscriber Loop) the claim will be denied.

Claims that come in and are not aligned to the appropriate HSN Type will deny for not being eligible in most cases

Below are examples of how the various types can be submitted to HSN as the Destination Payer with varying Payer Responsibility Sequence Number Codes of P, S or T.

When HSN is PRIME

*SBR*P*18**PRIME*****ZZ~*

When HSN is SECOND

*SBR*S*18**SECOND*****ZZ~*

- OR -

*SBR*T*18**SECOND*****ZZ~*

When HSN is PARTIAL

*SBR*P*18**PARTIAL*****ZZ~*

- OR -

*SBR*S*18**PARTIAL*****ZZ~*

- OR -

*SBR*T*18**PARTIAL*****ZZ~*

When HSN is BD

*SBR*P*18**BD*****09~*

When HSN is CA

*SBR*P*18**CA*****09~*

- OR -

*SBR*S*18**CA*****09~*

- OR -

*SBR*T*18**CA*****09~*

When HSN is MH

*SBR*P*18**MH*****09~*

- OR -

*SBR*S*18**MH*****09~*

- OR -

*SBR*T*18**MH*****09~*

Providers with questions regarding this notification should contact the Division's Claims Customer Support Center at (866) 697-6080 or via email at HSNHelpLine@PublicSectorPartners.com.